

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF MINES AND MINERALS
DIVISION OF OIL AND GAS
P.O. BOX 2244
FRANKFORT, KY 40601
PHONE (502) 573-0147



PLAN TO PREVENT EROSION OF AND SEDIMENTATION FROM A WELL SITE

Operator Name _____ County _____

Surface Owner Name, _____
Address and Phone No. _____

Surface Owner Name	Phone No.	
Street Address		
City	State	Zip Code
E-Mail Address		

Well No. _____

A narrative description of the location of all areas to be disturbed, including the location of roads, gathering lines, the well site, tanks and other storage facilities: (Must be typed)

Describe steps to be taken to prevent erosion of and sedimentation from the well site and all disturbed areas, including roads: (Must be typed)

Proposed Revegetation Treatment:

Fertilizer and Soil Amendments

Seed or Trees Planted
(Type and Amount/Acre)

Area 1 _____

Area 2 _____

Additional sheets may be attached for your convenience. (Continue on to page 2.)

Attach: Drawing(s) of the road, well location and proposed area involved, drawn over an enlarged section of the U.S.G.S. 1=24,000 topographic map (enlarged to approximately 1"=400') on an 8x14 sheet of paper using the applicable symbols from the following legend:

LEGEND

Stream		Gathering Lines	
Road		Diversion	
Existing Fence		Spring	
Planned Fence		Drain pipe with size in inches	
Open Ditch		Waterway	
Rock		Cross Drain	
North Arrow		Artificial Filter Strip	
Buildings		Pit: Cut Walls	
Water Wells		Pit: Compacted Fill Walls	
Tanks		Area for Land Application of Pit Waste	
Drill Site		Storage Facilities	

The undersigned hereby swears or affirms that the foregoing information and attachments in this plan to prevent erosion of and sedimentation from the well site and all disturbed areas, including roads, are true to the best of my knowledge and belief.

Date this day of , 20 .

If a corporation, signatory shall be an officier of the company or provide Power of Attorney to execute documents. If a private individual, signatory shall be the same as the applicant or provide Power of Attorney to execute documents.

Signature of Operator

Title

Print or Type Name

Sworn to and subscribed before me this day of , 20 .

My Commission Expires: _____

Notary Public

Surface Owner Agreement

(Surface Owner Signature Below, Shall Be Notarized)

I have reviewed the application and the information submitted with this form, and agree to the well operator's operations and reclamation proposal as set forth herein. I understand that the execution of this document in no way affects compensation for surface damages as described in KRS 353.595(6) or other contractual agreement.

Signature of Severed Mineral Surface Owner

Date

Print or Type the Name of Severed Mineral Surface Owner

Sworn to and subscribed before me this day of , 20 .

My Commission Expires: _____

Notary Public

PLAN TO PREVENT EROSION OF AND SEDIMENTATION FROM A WELL SITE
CONTINUATION PAGE FOR ADDITIONAL PROPOSED REVEGETATION TREATMENTS

Operator Name _____ County _____
Surface Owner Name, _____
Address and Phone No. _____
Surface Owner Name Phone No.

Fertilizer and Soil Amendments	Seed or Trees Planted (Type and Amount/Acre)
Area 3 _____ _____ _____ _____	_____ _____ _____ _____
Area 4 _____ _____ _____ _____	_____ _____ _____ _____
Area 5 _____ _____ _____ _____	_____ _____ _____ _____
Area 6 _____ _____ _____ _____	_____ _____ _____ _____
Area 7 _____ _____ _____ _____	_____ _____ _____ _____
Area 8 _____ _____ _____ _____	_____ _____ _____ _____
Area 9 _____ _____ _____ _____	_____ _____ _____ _____
Area 10 _____ _____ _____ _____	_____ _____ _____ _____
Area 11 _____ _____ _____ _____	_____ _____ _____ _____
Area 12 _____ _____ _____ _____	_____ _____ _____ _____